

PART B—ISSUE FEE TRANSMITTAL

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35617 7590 02/13/2006

DAFFER McDANIEL, LLP
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5/12/2006

Date

/Pamela Gerik/

Pamela Gerik

APPLICATION NO.	FILING DATE	FIRST NAMES INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/965,408	09/25/2001	Eliezer Rosengaus	5589-02701	3796

TITLE OF INVENTION: SYSTEMS AND METHODS FOR INSPECTION OF SPECIMEN SURFACES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,400.00	\$300.00	\$1,700.00	05/15/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
Rosenberger, Richard A.	2877	356-237200			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SM/47) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ann Marie Mewherter2 Daffer McDaniel, LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) **PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.(A) NAME OF ASSIGNEE: **KLA-Tencor Corporation**(B) RESIDENCE (CITY & STATE OR COUNTRY): **San Jose, CA**Please check the appropriate assignee category indicated below (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 4

4b. Payment of Fee(s):

☒ Payment is enclosed herewith.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner if hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3268 (enclose an extra copy of this form).5. **Change in Entity Status** (from status indicated above)☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Ann Marie Mewherter/
Ann Marie MewherterDate May 12, 2006
Registration No. 50,484

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